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## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

**Application or Docket Number** 

10022448

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                  |   |                               |                  |     | SMALL ENTITY TYPE |                        |                     | OTHER THAN<br>OR SMALL ENTITY          |                        |  |  |  |
|--|--|---|------------------|---|-------------------------------|------------------|-----|-------------------|------------------------|---------------------|--|------------------------|--|--|--|
| TOTAL CLAIMS   |  |   | 27               |   |                               |                  |     | RATE              | FEE                    |                     | RATE                                   | FEE                    |  |  |  |
| FOR  |  |   | NUMBER FILED     |   | NUMBER EXTRA                  |                  |     | BASIC FEE         | 370.00                 | OR                  | BASIC FEE                              | 740.00                 |  |  |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 27 minus 20=     |   | • 7                           |                  |     | X\$ 9=            |                        | OR                  | X\$18=                                 | 126                    |  |  |  |
| INDEPENDENT CLAIMS   |  |   | 3 minus 3 =      |   | *                             |                  |     | X42=              |                        | OR                  | X84=                                   |                        |  |  |  |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM P                              | RESENT           |   |                               |                  |     | +140=             | -                      | OR                  | +280=                                  |                        |  |  |  |
| * If the difference in column 1 is less than zero, enter "C  |  |   |                  |   | r <b>"0"</b> in o             | olumn 2          |     | TOTAL             |                        | OR                  | TOTAL                                  | 866                    |  |  |  |
| CLAIMS AS AMENDED - PART II  |  |   |                  |   |                               |                  |     | SMALL E           | NTITY                  | OR                  | OTHER<br>SMALL                         | THAN                   |  |  |  |
|  |  | (Column 1)<br>CLAIMS                      |                  | (Colu   |                               | (Column 3)       | 1 1 | SMALL             |                        |                     | SWALL                                  | ADDI-                  |  |  |  |
| AMENDMENT A  |  | REMAINING<br>AFTER<br>AMENDMENT           |                  | NUM<br>PREVIO<br>PAID   | BER<br>OUSLY                  | PRESENT<br>EXTRA |     | RATE              | ADDI-<br>TIONAL<br>FEE |                     | RATE                                   | TIONAL<br>FEE          |  |  |  |
|  | Total  | · 34                                      | Minus            | ** 2  | 7                             | = 9              |     | X\$ 9=            |                        | OR                  | X\$18=                                 | (6) 33                 |  |  |  |
|  | Independent                                    | • 6                                       | Minus            |   |                               | = 3              |     | X42=              |                        | OR                  | χ <del>. 2</del> 3<br><del>χθ4</del> = | 258, <sup>33</sup>     |  |  |  |
|  | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DEI      | PENDEN  | CLAIM                         |                  | J   | +140=             |                        | OR                  | +280=                                  |                        |  |  |  |
| TOTAL ADDIT. FEE   |  |   |                  |   |                               |                  |     |                   |                        | OR                  | TOTAL<br>ADDIT. FEE                    | 42063                  |  |  |  |
|  | (Column 1) (Column 2) (Column 3)               |   |                  |   |                               |                  |     |                   | /Fe                    |                     | Paid)                                  |                        |  |  |  |
|  |  | CLAIMS                                    |                  |   | EST                           | Column           | ۱ ۱ |                   | ADDI-                  | 1                   | <del></del>                            | ADDI-                  |  |  |  |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT           |                  | PREVI   | IBER<br>OUSLY<br>FOR          | PRESENT<br>EXTRA |     | RATE              | TIONAL<br>FEE          |                     | RATE                                   | TIONAL                 |  |  |  |
|  | Total  | *   | Minus            | **  |                               | =                | 11  | X\$ 9=            |                        | OR                  | X\$18=                                 |                        |  |  |  |
| AME.   | Independent                                    | <u> •</u>                                 | Minus            | ***   | <del> :</del>                 | <u> -</u>        |     | X42=              |                        | ОЯ                  | X84=                                   |                        |  |  |  |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                  |   |                               |                  |     | +140=             |                        | OR                  | +280=                                  |                        |  |  |  |
| TOTAL<br>ADDIT, FEE  |  |   |                  |   |                               |                  |     |                   | OR                     | TOTAL<br>ADDIT. FEE |  |                        |  |  |  |
|  |  | (Column 1)                                |                  |   | mn 2)                         | (Column 3        |     |                   |                        |                     |  |                        |  |  |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | NUM<br>PREV   | HEST<br>MBER<br>IOUSLY<br>FOR | PRESENT<br>EXTRA |     | RATE              | ADDI-<br>TIONAL<br>FEE |                     | RATE                                   | ADDI-<br>TIONAL<br>FEE |  |  |  |
|  | Total  | *   | Minus            | **  |                               | =                |     | X\$ 9=            |                        | OR                  | X\$18=                                 |                        |  |  |  |
|  | Independent                                    | •   | Minus            | ***   |                               | <u>l</u>         |     | X42=              |                        | OR                  | X84≃                                   |                        |  |  |  |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                  |   |                               |                  |     |                   |                        | 1                   | +280=                                  |                        |  |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |   |                  |   |                               |                  |     |                   |                        | OR                  | TOTAL                                  | -                      |  |  |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE |  |   |                  |   |                               |                  |     |                   |                        |                     | ADDIT. FEE                             |                        |  |  |  |
|  | The "Highest Nur                               | mber Previously Pa                        | aid For (Total o | The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                               |                  |     |                   |                        |                     |  |                        |  |  |  |